

Case Number:	CM13-0026461		
Date Assigned:	11/22/2013	Date of Injury:	06/09/2009
Decision Date:	04/17/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient reported an injury on 06/09/2009. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar myospasms, lumbar pain, lumbar radiculopathy and a lumbar sprain/strain. The most recent Physician's Progress Report submitted for this review is documented on 07/22/2013 by [REDACTED]. The patient reported constant lower back pain. Physical examination revealed decreased and painful range of motion, 3+ tenderness to palpation, positive Kemp's testing and a positive straight leg raise. Treatment recommendations at that time included continuation of home exercises, acupuncture treatment and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**CAPSAICIN 0.025%, FLURIPROFEN 20%, TRAMADOL 10%, MENTHOL 25%
CAMPHOR 2% 240G:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. As per the documentation submitted, there is no evidence of this patient's previous or current utilization of this medication. There was no documentation of a failure to respond to first-line oral medications prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

FLURBIPROFEN 20%, TRAMADOL 20% 240G: Upheld

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